

Taranaki District Health Board

Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Taranaki District Health Board
Premises audited:	Hawera Hospital Taranaki Base Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 25 October 2016 End date: 27 October 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	175

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Taranaki District Health Board provides health services to the people of Taranaki. The organisation has 200 beds at Taranaki Base hospital and Hawera hospital. The audit team visited both hospitals. Facilities vary in age but are well maintained. The organisation has gone through significant changes including a new chief executive officer and a soon to be new Board. Across all services there is a culture focused on the patient and the provision of safe quality care.

The audit team was provided with a comprehensive self-assessment, with supporting evidence prior to the audit and met with patients and their families, staff and managers while on site. Five clinical tracers and two systems tracers were undertaken.

Across the organisation the audit team was provided with data and information confirming ongoing quality improvement activities. However, there is fragmentation of the quality structures across the organisation. While staff are very committed and enthusiastic about quality improvement, better use of data and clearer structures will support quality improvement activities.

The Taranaki District Health Board continues to redesign and improve health care delivery through a collaborative approach both locally and regionally.

There are 11 required improvements arising from this audit and include review of policies and procedures, quality improvement data, corrective action plans, performance appraisals, training, documentation of assessment, interventions, early warning signs in mental health care plans medication and seclusion.

Consumer rights

Taranaki District Health Board has developed policies and procedures to meet the obligations in relation to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Staff interviewed understood the requirements of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights and were observed to demonstrate respectful communication, open disclosure when required and treatment options, whilst maintaining dignity and privacy. Training on the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights is included as part of the orientation process for all staff employed and in ongoing training.

Organisational management

The Board and executive have identified a clear direction for the organisation to follow and have implemented strategies to support this. The leadership team support ongoing quality initiatives to improve the health outcomes of the community. The clinical governance committee provides the leadership for quality and safety across clinical services. Risks are reviewed at Board level and mitigation strategies are monitored. There is fragmentation of quality structures and limited quality and risk data impacts on quality monitoring and improvements. Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practised. Human resource policies and processes are aligned with good employment practice and legislation. Ongoing learning and development opportunities are available for staff, although uptake and attendance is low for mandatory training. The organisation uses systems to predict and manage safe staffing levels. Clinical information is available both electronically and in paper form.

Continuum of service delivery

Patient journeys were followed through individual patient tracers in five services: medical, child health, surgical, maternity and mental health. Review of patients' clinical records demonstrated inconsistency in some areas of clinical documentation.

Patients and family interviews confirmed their participation in care planning and service delivery.

Taranaki District Health Board has achieved their Health Target for 'Shorter stays in Emergency Departments'. Multidisciplinary team meetings provide a forum for planning service delivery. There is access to medical staff 24 hours a day, 7 days a week. Handovers observed demonstrated appropriate sharing of information between staff. There is timely access to allied health services and dedicated pharmacists are assigned to each ward. Patients and family/whanau input to care planning and service delivery was observed and the patients confirmed their participation.

Taranaki DHB medicine management policy meets legislative requirements. The DHB is implementing the electronic medication prescribing and administration system. A systems tracer was completed for high risk medicines. Staff are trained to administer medication, as per policy

The food service is provided by an external service provider and the service is delivered in line with recognised nutritional guidelines, legislative requirements and in collaboration with the hospital dietitians. The service operates with an approved food safety plan and registrations issued are displayed. Staff have access to safe food handling qualification training.

Safe and appropriate environment

Across all services there are systems to ensure the environment for patients, staff and visitors are clean and safe. Waste is segregated and disposed of according to policy and legislative requirements. Staff are educated to handle waste safely. Hazardous substances and chemicals are stored and registered appropriately.

All buildings have a current building warrant of fitness and preventative maintenance programmes ensure buildings, utilities and equipment comply with regulations and safety requirements. There is adequate space around beds in most services and where there are four bedded rooms in the older wards, staff are aware of placements for patients with mobility aids.

The organisation has developed and maintained plans to respond to emergency situations, including fire and medical emergencies. Exercises for disaster response and evacuation of buildings are held and staff are trained. There are generators available in the case of power failure, water tanks on each site can provide water for up to three days and all areas have business continuity plans which are currently under review. Security staff are on site overnight at Taranaki Base hospital. Hawera hospital has security cameras in place and lock down at night. Access to after hours can be gained at one point of entry, using an intercom system and security staff. Emergency trolleys are accessible to staff in all clinical areas.

Across all services there are systems to ensure the environment for patients, staff and visitors are clean and safe. Laundry services are contracted out.

Restraint minimisation and safe practice

There are policies and procedures to support the minimisation of restraint use across both Taranaki Base hospital and Hawera hospital.

A restraint minimisation committee coordinates restraint minimisation and safe practice across the organisation and monitors the use of approved types of restraint. Reporting and monitoring of restraint occurs via an electronic quality and risk reporting system.

Specific policies and training programmes for staff are in place. All measures are used to reduce restraint use before restraint implementation processes are applied.

Infection prevention and control

A system tracer in infection prevention and control was undertaken with documented evidence the infection prevention and control processes are followed across the facilities. There is communication on infection prevention and control measures to all areas, including the rural facilities. Surveillance activities were reviewed and include audits and surgical site infection surveillance. Antimicrobial stewardship is audited to monitor compliance and ensure prescribing in line with best practice.